

STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
Chemistry Laboratory Services

**REQUEST FOR ANALYSIS AND REPORT OF ANALYSIS  
ON MATERIALS SUBMITTED BY  
COLLABORATING PUBLIC AGENCIES**

11-002 (REV. 3/80)

<b>NOTICE:</b> This form will be returned to you. Please type or print your address legibly with black ink and fill out form as completely as possible.		LABORATORY NO. _____ Date Received _____ <small>(For Laboratory Use Only)</small>
Agency Name _____		cc Requester Pesticide Enforcement (2)
Address _____		
City _____	State _____ Zip _____	
(Please use address of collaborating agency only)		<input type="checkbox"/> Check if custody record is required

Sample consists of \_\_\_\_\_

Sample identification marks \_\_\_\_\_

Location/source of sample \_\_\_\_\_ County \_\_\_\_\_

Detailed description of problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the analysis requested is necessary in connection with matters relating to my official duties.

<b>Sample Priority (From Back)</b> <input type="checkbox"/> # 1 <input type="checkbox"/> # 2 <input type="checkbox"/> # 3	<b>Basis for Sample (Alleged Problem)</b> <input type="checkbox"/> Human Health Hazard <input type="checkbox"/> Plant Symptoms or damage <input type="checkbox"/> Animal/bee illness/loss <input type="checkbox"/> Environmental Effects	By _____ Title _____ Date _____
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<b>State specific analysis requested</b>	<b>Laboratory Findings</b>
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<b>Requested Disposition of Remaining Sample</b>	<input type="checkbox"/> Results Phoned By _____ Date _____	Chemist _____ Date _____
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[illegible]